



**Rhode Island Department of Corrections**

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**UNIT MANAGER'S COMMENTS  
ON EMPLOYEE RECLASSIFICATION REQUEST**

Please complete this form, attach it to the employee's Classification Questionnaire, and forward both to the Associate Director of HR, within five (5) days of the employee's initial submission date.

- Name of Employee: \_\_\_\_\_
  - Date Questionnaire Initiated: \_\_\_\_\_
  - Employee's Current Title/Pay Grade: \_\_\_\_\_
  - Requested Title/Pay Grade (if known): \_\_\_\_\_
1. If you believe this employee is working out of class, briefly explain how the employee came to assume those current actual duties that are not consistent with his/her present class title. Were those duties assigned to the employee? Did the employee independently assume these duties or were they assumed by mutual agreement? What percentage of the employee's duties and work time is spent working properly assigned duties within the present class?
  2. What alternatives are available to you to fulfill your unit's work requirements and avoid utilizing this employee out of class? Can you simply have the employee stop doing the out of class work? Can another employee of the unit do the work?
  3. If the work being done out of class by this employee is essential and cannot otherwise be accomplished, have you attempted to post and fill this position (assuming that the employee is filling in for a vacant position)?
  4. If the employee's reclassification request is granted, will there be a need to backfill the employee's current class title?

**Unit Manger's Comments on Employee Reclassification Request**

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- 5. Will approval of this request stimulate additional reclassification requests from other individuals in the employee's current classification or in comparable pay grades within your unit? Please explain.
  
  
  
  
  
  
  
  
  
  
- 6. In your opinion, what will be the consequences if this reclassification request is denied?
  
  
  
  
  
  
  
  
  
  
- 7. How will your unit financially support the potential cost of a reallocation?
  
  
  
  
  
  
  
  
  
  
- 8. Given your responses to the above questions, do you support or not support the employee's request? Should the out-of-class-duties, if any, be removed from this employee's assignment? Please explain.

\_\_\_\_\_  
Signature of Unit Manager

\_\_\_\_\_  
Signature of Assistant Director

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**FinRes Review:** Estimated Cost Differential: \$\_\_\_\_\_ for full year;  
\$\_\_\_\_\_ for balance of year, assuming effective date is \_\_\_\_\_

**Associate Director, HR comments:**